

## STATEMENT OF PERSONAL HISTORY

Budget Bureau No. 22-1007.

INSTRUCTIONS: Read the certification at the end of this questionnaire before entering the required data. Print or type all answers. All questions and statements must be completed. If the answer is "None," so state. Do not misstate or omit material fact since the statements made herein are subject to verification. If more space is needed, use the Remarks section, item 20, and attach additional sheets if necessary. The information entered hereon is for official use only and will be maintained in confidence.

1. (Print) FIRST NAME—MIDDLE NAME—MAIDEN NAME (If any)—LAST NAME <input checked="" type="checkbox"/> MR. <b>ALBERT WILLIAM VILAR Jr.</b> <input type="checkbox"/> MRS. <input type="checkbox"/> MISS				2. STATUS <input checked="" type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY ON ACTIVE DUTY	
3. ALIAS(ES), NICKNAME(S), OR CHANGES IN NAME (Other than by marriage) <b>"Pete"</b>				4. PERMANENT MAILING ADDRESS <b>PO Box 1987, San Juan, Puerto Rico</b>	
5. DATE OF BIRTH (Day, month, year) <b>4 Oct 1940</b>		PLACE OF BIRTH (City, County, State, and Country) <b>Newark, Essex, N.J., USA</b>		PLACE CERTIFICATE RECORDED <b>Newark, N.J.</b>	
RACE <b>Cau</b>	HEIGHT <b>6'1"</b>	WEIGHT <b>147</b>	COLOR OF EYES <b>Brown</b>	COLOR OF HAIR <b>Brown</b>	SCARS, PHYSICAL DEFECTS, DISTINGUISHING MARKS <b>None</b>
6. DO YOU HAVE A HISTORY OF MENTAL OR NERVOUS DISORDERS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN ADDICTED TO THE USE OF HABIT FORMING DRUGS SUCH AS NARCOTICS OR BARBITURATES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU NOW OR HAVE YOU EVER BEEN A CHRONIC USER TO EXCESS OF ALCOHOLIC BEVERAGES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF THE ANSWER TO ANY OF THE ABOVE IS "YES," EXPLAIN IN ITEM 20.					
7. U. S. CITIZEN <input checked="" type="checkbox"/>	NATIVE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF NATURALIZED, CERTIFICATE NO.		IF DERIVED, PARENTS' CERTIFICATE NO(S).	
DATE, PLACE, AND COURT					
ALIEN <input type="checkbox"/>	REGISTRATION NO.	NATIVE COUNTRY	DATE AND PORT OF ENTRY		DO YOU INTEND TO BECOME A U. S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO
8. MILITARY SERVICE					
ARE YOU PRESENTLY ON ACTIVE DUTY IN THE U. S. ARMED FORCES DRAWING FULL PAY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:					
GRADE AND SERVICE NO.		SERVICE AND COMPONENT		ORGANIZATION AND STATION	DATE CURRENT ACTIVE SERVICE STARTED
ARE YOU PRESENTLY A MEMBER OF A U. S. RESERVE OR NATIONAL GUARD ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:					
GRADE AND SERVICE NO.		SERVICE AND COMPONENT		ORGANIZATION AND STATION OR UNIT AND LOCATION	
HAVE YOU PREVIOUSLY SERVED TOURS OF EXTENDED ACTIVE DUTY, DRAWING FULL PAY, FROM WHICH YOU WERE DISCHARGED OR SEPARATED TO CIVILIAN STATUS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "YES," COMPLETE THE FOLLOWING:					
COUNTRY	SERVICE	COMPONENT	FROM (Date)	TO (Date)	TYPE DISCHARGES OR SEPARATIONS—GRADE AND SERVICE NO.
9. EDUCATION (Account for all civilian schools and military academies. Do not include service schools)					
MONTH AND YEAR		NAME AND LOCATION OF SCHOOL			GRADUATE
FROM—	TO—				YES NO
<b>Sep 47</b>	<b>Jun 55</b>	<b>Academia Sagrado Corazon, Santurce, PR</b>			<input checked="" type="checkbox"/>
<b>Sep 55</b>	<b>Jun 58</b>	<b>Academia Perpetuo Socorro, Miramar, PR</b>			<input checked="" type="checkbox"/>
<b>Sep 58</b>	<b>Present</b>	<b>Washington &amp; Jefferson College, Wash., Pa.</b>			
10. FAMILY (List in order given, parents, spouse, guardians, stepparents, foster parents, parents-in-law, former spouse(s) (if divorced give date and place), children, brothers and sisters, even though deceased. Include any others you resided with or with whom a close relationship existed or exists. If the person is not a U. S. citizen by birth, give date and port of entry, alien registration number, naturalization certificate number and place of issuance.)					
RELATION AND NAME		DATE AND PLACE OF BIRTH		PRESENT ADDRESS, IF LIVING	
FATHER				U. S. CITIZEN YES NO	
<b>Albert W. Vilar Sr.</b>		<b>15 Oct 1912</b> <b>Cuba</b>		<b>PO Box 1987, San Juan, P.R.</b> <input checked="" type="checkbox"/>	
MOTHER (Maiden name)					
<b>Margaret Walsh</b>		<b>8 Mar 1918</b> <b>E. Orange, N.J.</b>		<b>22 W. 55th St, N.Y., N.Y.</b> <input checked="" type="checkbox"/>	
SPOUSE (Maiden name)					
<b>None</b>					
OTHER (Specify)					
<b>Sister</b> <b>Patrice Burke</b>		<b>2 Jul 1938</b> <b>E. Orange, N.J.</b>		<b>4 U.S. Army,</b> <b>Hq USARCIB, C. Z.</b> <input checked="" type="checkbox"/>	
<b>Sister</b> <b>Carole M. Vilar</b>		<b>23 Aug 1939</b> <b>E. Orange, N.J.</b>		<b>POBox 1987, San Juan, P.R.</b> <input checked="" type="checkbox"/>	

DD FORM 398  
1 MAY 55

PREVIOUS EDITIONS ARE OBSOLETE.

## 11 OTHER RELATIVES AND ALIEN FRIENDS LIVING IN FOREIGN COUNTRIES (List grandparents, first cousins, aunts, uncles, brothers- and sisters-in-law, and other persons with whom a close relationship existed or exists)

RELATIONSHIP AND NAME	AGE	OCCUPATION	ADDRESS	CITIZENSHIP
(Father has relatives that are all residents of Cuba. Names, addresses, etc., are unknown)				

## 12. FOREIGN TRAVEL (Other than as a direct result of United States military duties)

DATES		COUNTRY VISITED	PURPOSE OF TRAVEL
FROM—	TO—		
None			

## 13. EMPLOYMENT (Show every employment you have had and all periods of unemployment)

MONTH AND YEAR		NAME AND ADDRESS OF EMPLOYER	NAME OF IMMEDIATE SUPERVISOR	REASON FOR LEAVING
FROM—	TO—			
Jun 59,60	Aug 59,60	Banco Credito & Ahorro Ponceño San Juan, P. R.	Roberto Villanvera	Summer work

DID ANY OF THE ABOVE EMPLOYMENTS REQUIRE A SECURITY CLEARANCE? ☐ YES ☒ NO DO YOU HAVE ANY FOREIGN PROPERTY OR BUSINESS CONNECTIONS, OR HAVE YOU EVER BEEN EMPLOYED BY A FOREIGN GOVERNMENT, FIRM, OR AGENCY? ☐ YES ☒ NO HAVE YOU EVER BEEN REFUSED BOND? ☐ YES ☒ NO IF THE ANSWER TO ANY OF THE ABOVE IS "YES," EXPLAIN IN ITEM 20.

SOCIAL SECURITY NO.

580-80-4859

## 14. CREDIT AND CHARACTER REFERENCES (Do not include relatives, former employers, or persons living outside the United States or its Territories)

NAME (List 3 credit and 5 character)	YEARS KNOWN	STREET AND NUMBER (Business address preferred)	CITY	STATE OR TERRITORY
Wash & Jeff College	3	S. College St	Washington	Pa.
Mellon National Bank	3	S. Main St	Washington	Pa.
Caribe Hilton Hotel	12		San Juan	P.R.
Dr. A. Ramos Oller	10	1354 Luchetti St	Santurce	P.R.
Mr. W. B. Gibson	3	5301 Main St	Williamsville 21	N.Y.
Pedro Pons	10		Miramar	P.R.
Leon Lewis	10	27 Enajagua	Santurce	P.R.
Father Eduardo Whalan	6		Miramar	P.R.

15. LIST ALL RESIDENCES FROM 1 JANUARY 1937				
MONTH AND YEAR		STREET AND NUMBER	CITY	STATE OR COUNTRY
FROM—	TO—			
Oct 40	Jul 49	307 E. Orange William St	East Orange	N.J.
Jul 49	Aug 52	115 Calle Mallorca	Hato Bay	P.R.
Aug 52	Dec 57	868 Ashford Ave	Santurce	P.R.
Dec 57	Present	1504 Ashford Ave	Santurce	P.R.

  

16. PAST AND/OR PRESENT MEMBERSHIP IN ORGANIZATIONS				
NAME AND ADDRESS	TYPE (Social, fraternal, professional, etc.)	OFFICE HELD	MEMBERSHIP	
			FROM—	TO—
Phi Delta Theta, W & J Coll	Fraternal	Historian	1959	Present

  

17.	
YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>
ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF THE COMMUNIST PARTY U. S. A., OR ANY COMMUNIST ORGANIZATIONS ANYWHERE?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A FASCIST ORGANIZATION?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF ANY ORGANIZATION, ASSOCIATION, MOVEMENT, GROUP OR COMBINATION OF PERSONS WHICH ADVOCATES THE OVERTHROW OF OUR CONSTITUTIONAL FORM OF GOVERNMENT, OR WHICH HAS ADOPTED THE POLICY OF ADVOCATING OR APPROVING THE COMMISSION OF ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES, OR WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY UNCONSTITUTIONAL MEANS?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
ARE YOU NOW OR HAVE YOU EVER BEEN AFFILIATED OR ASSOCIATED WITH ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE AS AN AGENT, OFFICIAL, OR EMPLOYEE?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
ARE YOU NOW ASSOCIATING WITH, OR HAVE YOU ASSOCIATED WITH ANY INDIVIDUALS, INCLUDING RELATIVES, WHO YOU KNOW OR HAVE REASON TO BELIEVE, ARE OR HAVE BEEN MEMBERS OF ANY OF THE ORGANIZATIONS IDENTIFIED ABOVE?	
<input checked="" type="checkbox"/>	<input type="checkbox"/>
HAVE YOU EVER ENGAGED IN ANY OF THE FOLLOWING ACTIVITIES OF ANY ORGANIZATION OF THE TYPE DESCRIBED ABOVE: CONTRIBUTION(S) TO, ATTENDANCE AT OR PARTICIPATION IN ANY ORGANIZATIONAL, SOCIAL, OR OTHER ACTIVITIES OF SAID ORGANIZATIONS OR OF ANY PROJECTS SPONSORED BY THEM: THE SALE, GIFT, OR DISTRIBUTION OF ANY WRITTEN, PRINTED, OR OTHER MATTER, PREPARED, REPRODUCED, OR PUBLISHED, BY THEM OR ANY OF THEIR AGENTS OR INSTRUMENTALITIES?	

IF "YES," DESCRIBE THE CIRCUMSTANCES. ATTACH ADDITIONAL SHEETS FOR A FULL DETAILED STATEMENT. IF ASSOCIATED WITH ANY OF THE ABOVE ORGANIZATIONS, SPECIFY NATURE AND EXTENT OF ASSOCIATION WITH EACH, INCLUDING OFFICE OR POSITION HELD, ALSO INCLUDE DATES, PLACES, AND CREDENTIALS NOW, OR FORMERLY HELD. IF ASSOCIATIONS HAVE BEEN WITH INDIVIDUALS WHO ARE MEMBERS OF THE ABOVE ORGANIZATIONS, THEN LIST THE INDIVIDUALS AND THE ORGANIZATIONS WITH WHICH THEY WERE OR ARE AFFILIATED.

  

18. HAVE YOU EVER BEEN DETAINED, HELD, ARRESTED, INDICTED OR SUMMONED INTO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING, OR CONVICTED, FINED, OR IMPRISONED OR PLACED ON PROBATION, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE (excluding minor traffic violations for which a fine or forfeiture of \$25, or less was imposed)? INCLUDE ALL COURT MARTIALS WHILE IN MILITARY SERVICE. ☐ YES ☒ NO  
 IF "YES," LIST THE DATE, THE NATURE OF THE OFFENSE OR VIOLATION, THE NAME AND LOCATION OF THE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE.

  

19. ARE THERE ANY INCIDENTS IN YOUR LIFE NOT MENTIONED HEREIN WHICH MAY REFLECT UPON YOUR LOYALTY TO THE UNITED STATES OR UPON YOUR SUITABILITY TO PERFORM

19. ARE THERE ANY INCIDENTS IN YOUR LIFE NOT MENTIONED HEREIN WHICH MAY REFLECT UPON YOUR LOYALTY TO THE UNITED STATES OR UPON YOUR SUITABILITY TO PERFORM THE DUTIES WHICH YOU MAY BE CALLED UPON TO TAKE OR WHICH MIGHT REQUIRE FURTHER EXPLANATION? ☐ YES ☒ NO IF "YES," GIVE DETAILS

## 20. REMARKS

Item 10: My Father entered the USA in 1920 at New York City. He obtained his citizenship through that of his Mother who had preceded him, information concerning her is unknown.

Subject completed DD Form 98 (1 Sep 56 Edition) without qualification on 24 May 60.

I CERTIFY THAT THE ENTRIES MADE BY ME ABOVE ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND ARE MADE IN GOOD FAITH. I UNDERSTAND THAT A KNOWING AND WILLFUL FALSE STATEMENT ON THIS FORM CAN BE PUNISHED BY FINE OR IMPRISONMENT OR BOTH (See U. S. Code, title 18, section 1001)

DATE <b>18 May 1961</b>	SIGNATURE OF PERSON COMPLETING FORM <i>Alberto Vilas</i>
TYPED NAME AND ADDRESS OF WITNESS <b>SSG Joseph D Sortino Wash &amp; Jeff College, Washington, Pa.</b>	SIGNATURE OF WITNESS <i>Joseph D. Sortino</i>

## THIS SECTION TO BE COMPLETED BY AUTHORITY REQUESTING INVESTIGATION

21. BRIEF DESCRIPTION OF DUTY ASSIGNMENT AND DEGREE OF CLASSIFIED MATTER (top secret, secret, etc.) TO WHICH APPLICANT WILL REQUIRE ACCESS

2. DO ADDITIONAL INFORMATION

DATE OF CLEARANCE  
18 May 1961

## RECORD OF PRIOR CLEARANCES

DATE OF CLEARANCE 18 May 1961	TYPE OF CLEARANCE <b>FAVORABLE NAC PAR 6 AR 604-5</b>	AGENCY THAT COMPLETED INVESTIGATION <b>SEP 22 1961</b> <i>Completed by HQ Second Army</i>
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